



<p style="text-align: center;"><b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b></p> <p><i>(Use as many sheets as necessary)</i></p>				<b>Complete If Known</b>	
				Application Number	10/729,795
				Filing Date	December 5, 2003
				First Named Inventor	Walters
				Art Unit	1644
				Examiner Name	Zachary S. Skelding
Sheet	1	of	2	Attorney Docket Number	011823-012510US

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

**EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.<sup>1</sup> Applicant's unique citation designation number (optional).<sup>2</sup> Kind Codes of U.S. Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 801.04.<sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3).<sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document.

<sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

Substitute for form 1449B/PTO				<i>Complete If Known</i>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>				<i>Application Number</i>	10/729,795
				<i>Filing Date</i>	December 5, 2003
				<i>First Named Inventor</i>	Walters
				<i>Art Unit</i>	1644
				<i>Examiner Name</i>	Zachary S. Skelding
<i>(Use as many sheets as necessary)</i>				<i>Attorney Docket Number</i>	011823-012510US
Sheet	2	of	2		

Examiner Signature	/Zachary Skelding/	Date Considered	07/04/2007
--------------------	--------------------	-----------------	------------

**EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

**Applicant's unique citation designation number (optional):**  **Applicant is to place a check mark here if English language Translation is attached.**